



FEI Systems

Connecting Every Dimension of
Health and Human Services

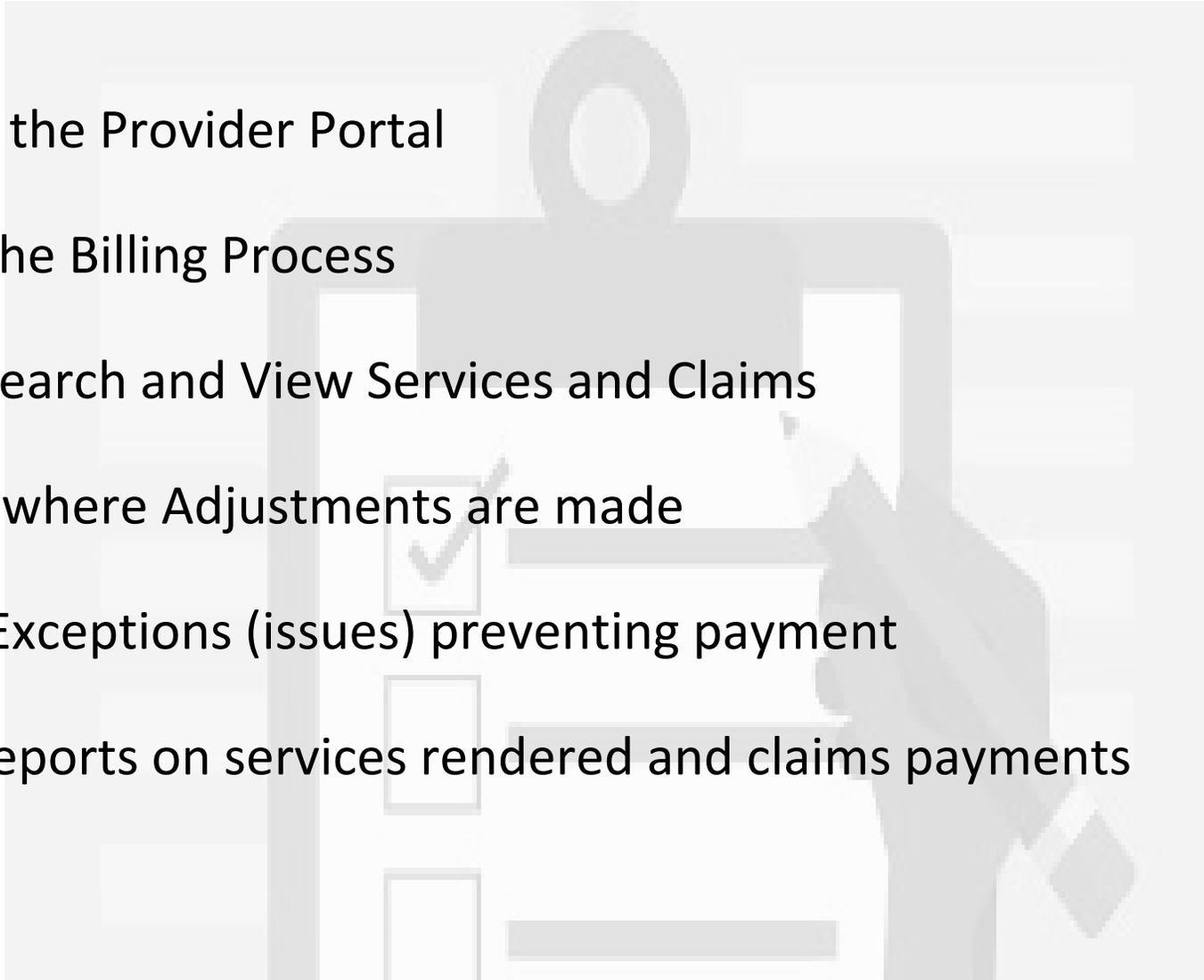
Welcome to LTSS Maryland

Provider Portal Billing

Supported Living Services

Learning Objectives

- Navigate the Provider Portal
- Explore the Billing Process
- Review Search and View Services and Claims
- Examine where Adjustments are made
- Resolve Exceptions (issues) preventing payment
- Access Reports on services rendered and claims payments



User Roles

Roles and Responsibilities



Roles Available to Staff

Admin Provider

Billing Provider

**Provider Program
Director**

**Provider Program
Staff**

Staff Provider

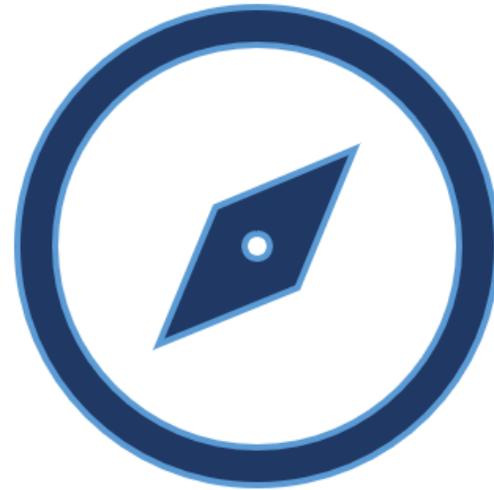


- Create a Staff Profile
- Contact the help desk at LTSSHelpDesk@Ltssmaryland.org or 1-855-463-5877 to set up an account and username

Role Based Access

Role	Access LTSS Provider Portal	Create or Modify Staff Profiles	Bill for Services	Accept Services	Access Person's Information
Admin Provider	Yes	Yes	Yes	Yes	Yes
Billing Provider	Yes	No	Yes	No	Yes
Provider Program Director	Yes	No	No	Yes	Yes
Provider Program Staff	Yes	No	No	No	Yes
Staff Provider (DSP)	No	No	No	No	No

Navigation and Basics



LTSS – Provider Portal Home Tab

Provider Portal Home Alerts Services Clients Providers Reports Help Feedback

ANNOUNCEMENTS

Recent Archived

Announcement Category: All selected (2) Filter:

10/1/19 All Providers

Welcome to the LTSS Provider Portal Training!!



Please complete an evaluation form for the training on 11/20/2019 here - <https://surveyhero.com/c/70f50d30>

11/21/17 All Providers

ACTIONS REQUIRED (AS OF 8/27/20 8:58 AM)

Refresh

▼ SERVICE PLANS PENDING ACCEPTANCE

Plans Pending Acceptance	Counts
Due Today	0
Due Tomorrow	0
Due in 5 Days	0

RO Approved/Denied/Pending Plans

RO Approved/Denied/Pending Plans	Counts
RO Approved Service Plans in the last Seven days	4
RO Denied Service Plans in the last Seven days	0
Provider Accepted Service Plans Pending CCS Submission	0
Provider Accepted Service Plans Pending RO	0

► REDETERMINATION DUE FOR CLIENTS

▼ RESOLVE BY PROVIDER

▼ EVV SERVICES

Exception Type	Pending	In-Progress	Total
Provider not authorized for the service	7	1	8
Staff Overlap - Same Provider	8	0	8
Client LTSS Program does not align with MMIS waiver program	7	1	8
Provider has exceeded the maximum authorization for the month	20	2	22
Missing Clock-out	16	0	16



LTSS – Provider Portal Alerts Tab

ALERTS

SEARCH ALERTS Client Assignments (4) Archive Selected (1)

VIEW BY STATUS:

Active
Archived

From Date: *
06/13/2020

To Date: *
08/12/2020

Alert Type:
All selected (6)

Reset Search

Select All: <input type="checkbox"/>	Date	Details	Type	Actions
<input type="checkbox"/>	08/11/2020	Personal Supports service for Claude Training-Stiedemann ends on 7/31/2020. Please contact the CCS Coordinator, if you have questions.	Client Assignments	
<input type="checkbox"/>	08/11/2020	Personal Supports service for Paul Training-Flatley ends on 7/31/2020. Please contact the CCS Coordinator, if you have questions.	Client Assignments	
<input type="checkbox"/>	08/11/2020	Personal Supports service for Vanessa Training-Ratke ends on 7/31/2020. Please contact the CCS Coordinator, if you have questions.	Client Assignments	
<input checked="" type="checkbox"/>	08/11/2020	Personal Supports service for Pink Training-Paucek ends on 7/31/2020. Please contact the CCS Coordinator, if you have questions.	Client Assignments	



LTSS – Provider Portal Alerts Tab

Provider Portal Home **Alerts** Services Clients Providers Reports Help Feedback

ALERTS

SEARCH ALERTS Client Assignments (4) Archive Selected (1)

VIEW BY STATUS:
Active
Archived

From Date: *
06/13/2020

To Date: *
08/12/2020

Alert Type:
All selected (6)

Reset Search

Select All: <input type="checkbox"/>	Date	Type	Actions
<input type="checkbox"/>	08/11/2020	Client Assignments	Please contact the
<input type="checkbox"/>	08/11/2020	Client Assignments	Please contact the
<input type="checkbox"/>	08/11/2020	Client Assignments	Please contact the
<input checked="" type="checkbox"/>	08/11/2020	Client Assignments	Please contact the

All selected (6)

- Select all
- Client Assignments
- Clients Dis-enrolled from State Funded Services
- Clients Losing MA Eligibility
- Clients Losing Waiver Eligibility
- IVR Call Transactions
- Provider Removed from Pending Client Service



LTSS – Provider Portal Menu

The screenshot shows the Provider Portal interface. At the top, there is a navigation bar with the following items: Home, Alerts, Services, Clients (highlighted), Providers, Reports, Help, Feedback, and Account. The main content area displays 'CLIENT RESULTS - 0' and a 'Sort By' dropdown. Three callout boxes provide details about the menu structures:

- TOP MENU** guides users to various areas in the portal
- LEFT MENU** allows users to perform specific functions with the area
- RIGHT MENU** Quick access to manually enter missed IVR clock-ins or clock-outs

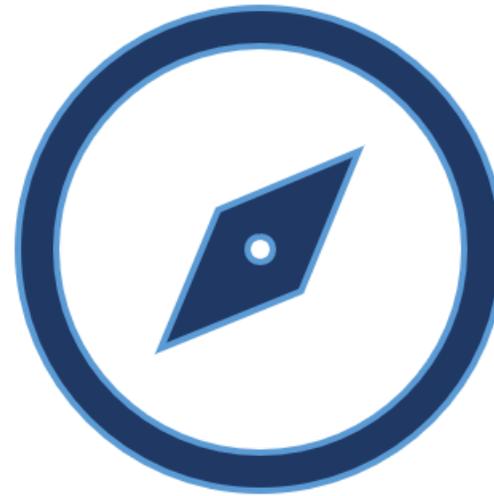


Navigation Tips

The screenshot shows the 'Provider Portal' navigation bar with the following items: Home, Alerts, Services, **Clients** (highlighted), Providers, Reports, Help, and Feedback. Below the navigation bar is a dark sidebar containing a menu icon (three horizontal lines) and two search options: 'SEARCH CLIENTS' (with a person icon) and 'SEARCH SERVICE PLANS' (with a document icon). Two purple arrows point from the left towards the menu icon and the 'SEARCH CLIENTS' option. The main content area is titled 'CLIENTS SEARCH' and features a search form with the following fields: 'Date of Birth:' (with a calendar icon), 'Phone #:' (with the value '(555) 555-5555'), 'Last Name:', 'First Name:', 'Client ID:', and 'MA #:'. A purple arrow points upwards from the bottom towards a back button (left-pointing arrow) located at the top right of the search form. To the right of the search form is a grey area titled 'CLIENT RESULTS - 0'.



Access Client Information



Access a Person

Provider Portal Home Alerts Services **Clients** Provi

CLIENTS SEARCH

Date of Birth: Phone #: (555) 555-5555

Last Name: First Name:

Client ID: MA #:

Client Region: All selected (5) Enrolled Program: All selected (9)

Client MA Eligible: All selected (2) Jurisdiction: All selected (25)

Provider # /Provider Name: All selected (15)

Waiver Eligibility: All selected (2) Re-Determination Due In:

CLIENT RESULTS - 8 Sort By ▾

Last Name: Training	First Name: Alanis	ID #: 3009575LA107121
MA#: 50423105883 Date of Birth: 10/20/1975	POS/PCP Program: CP Jurisdiction: Baltimore City	Enrolled Program: CP Client Region: SMRO MA Eligible: Yes Primary Phone#: <input type="text"/>
<input type="button" value="Details"/>		
Last Name: Training	First Name: Alisha	ID #: 3009579LA487121
MA#: 52443641446 Date of Birth: 10/20/1975	POS/PCP Program: CP Jurisdiction: Carroll	Enrolled Program: CP Client Region: SMRO MA Eligible: Yes Primary Phone#: <input type="text"/>
<input type="button" value="Details"/>		
Last Name: Training	First Name: Kory	ID #: 3009551OK977121
MA#: 22343184444 Date of Birth: 10/20/1975	POS/PCP Program: CP Jurisdiction: Charles	Enrolled Program: CP Client Region: SMRO MA Eligible: Yes Primary Phone#: <input type="text"/>
<input type="button" value="Details"/>		

Search Criteria is important to locate your specific clients



Client Information

CLIENT INFORMATION FOR TRAINING, KORY ✕

CLIENT PROFILE Client LTSS ID #: **3009551OK977121** Current MA#: **22343184444** POS/PCP Program: **CP** Enrolled In: **CP** MA Eligible: **Yes**
Waiver: **DRW**

SERVICE PLANS

CLIENT PROFILE  Expand All

- › CLIENT DEMOGRAPHIC OVERVIEW
- › ADDRESS TO RECEIVE SERVICES
- › WAIVER/PROGRAM ENROLLMENT STATUS
- › CURRENT ASSIGNMENTS
- › REPRESENTATIVES



List of Service Plans

CLIENT INFORMATION FOR TRAINING, KORY ✕

CLIENT PROFILE
Client LTSS ID #: **3009551OK977121** Current MA#: **22343184444** POS/PCP Program: **CP** Enrolled In: **CP** MA Eligible: **Yes**
Waiver: **DRW**

SERVICE PLANS

Program Type	Date Created	Service Plan Type	Effective Date	End Date	Status	Active	Actions
CP	06/23/2019	Initial PCP	06/23/2019		Approved	Active	Details



Service Plan Details

CLIENT INFORMATION FOR TRAINING-FLATLEY, PAUL

CLIENT PROFILE	Client LTSS ID #: 3009580AP437121	Current MA#: 23621853673	POS/PCP Program: CP	Enrolled In: CP	MA Eligible: Yes
			Waiver: DRW		

SERVICE PLANS

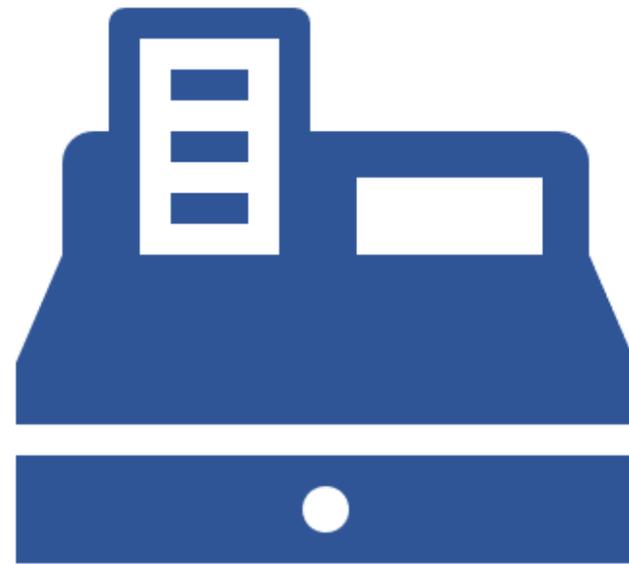
PERSON CENTERED PLAN - DETAILS

[← Back to List](#) [Print](#) [Expand All](#)

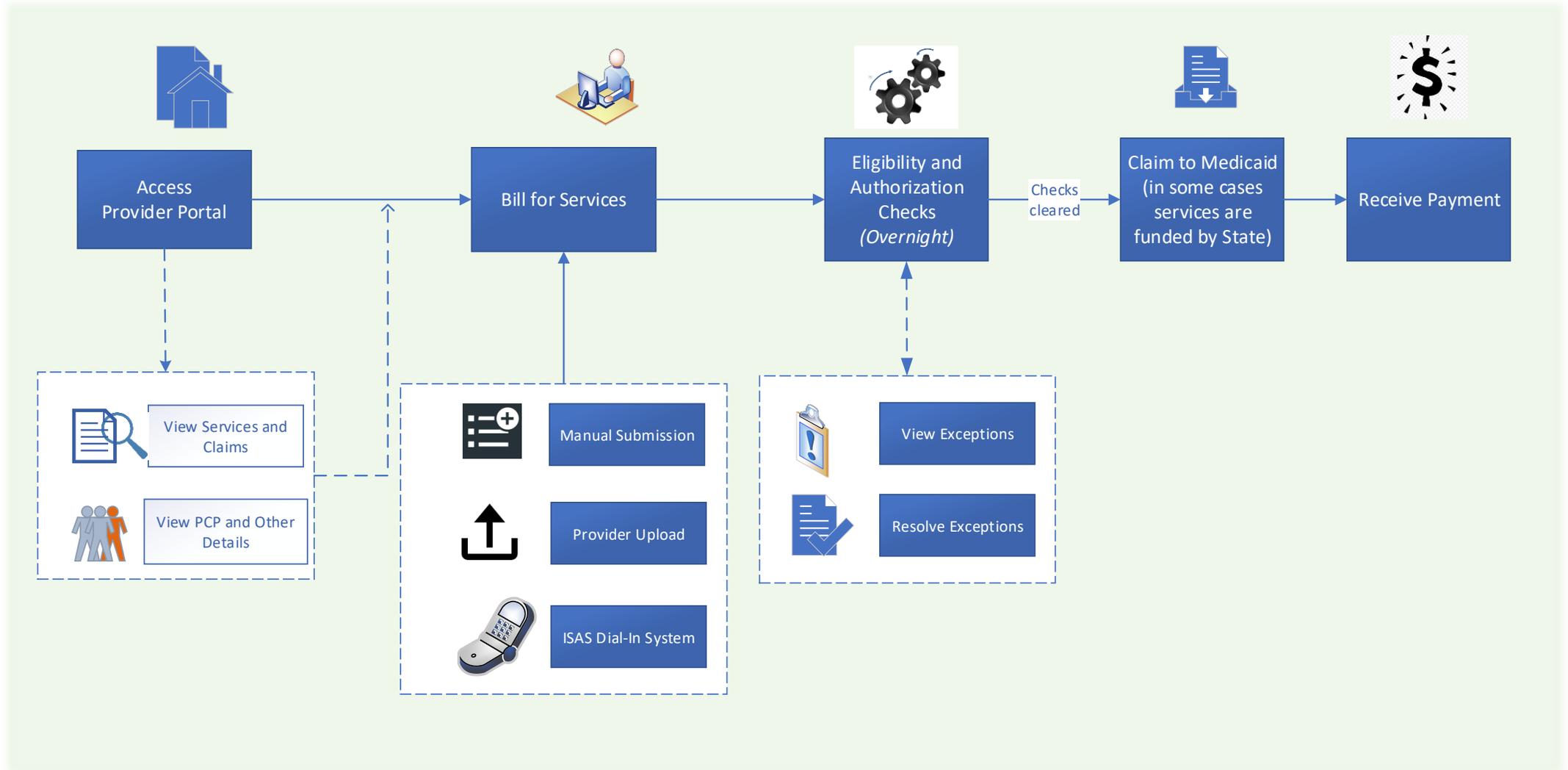
- › CLIENT INFORMATION
- › PLAN DETAILS
- › PLAN CONTACTS
- › SUMMARY
- › OUTCOMES
- › DETAILED OUTCOMES
- › SERVICE AUTHORIZATION
- › SIGNATURES
- › SERVICE PLAN WORKFLOW HISTORY



Billing For Services



Billing Process Flow



Definitions



Service - An individual service delivered to person

- EVV - each shift (with a start and end time) is referred to as a Service
- Non-EVV - the Service rendered by the Provider to a person, billed as total units or cost for a time period
 - Services rendered on a date for Daily, Hourly and Quarter-Hourly
 - Service provided on a one-time basis for Milestone
 - Individual cost of items for Upper Pay Limit

Billing Entry

- Entries made by providers for services rendered. A billing entry can be added through the Provider Portal or uploaded through a system interface
- Unique billing entries made by providers are converted to services and further processed into a claim



Definitions



Claim

- Billing Entries that have cleared system checks for validity of authorization and eligibility get converted to claims
- A claim is created for each service rendered to a person by a provider for a date of service (for daily, hourly, quarter hourly services); month of service (for monthly services); completion of a single milestone(milestone services); or a cost accrued date (upper pay limit services)
- Claims are submitted to Medicaid for payment to the Provider

Remittance Advice

- Report of Medicaid claim payments and rejections in a billing week
- Remittance Number is the check number for the payment from Medicaid to the provider for the billing week
- Remittance date is the date on which the payment was completed



Definitions



Service Status

- A workflow status that identifies where an entry is currently in the billing process

Exceptions

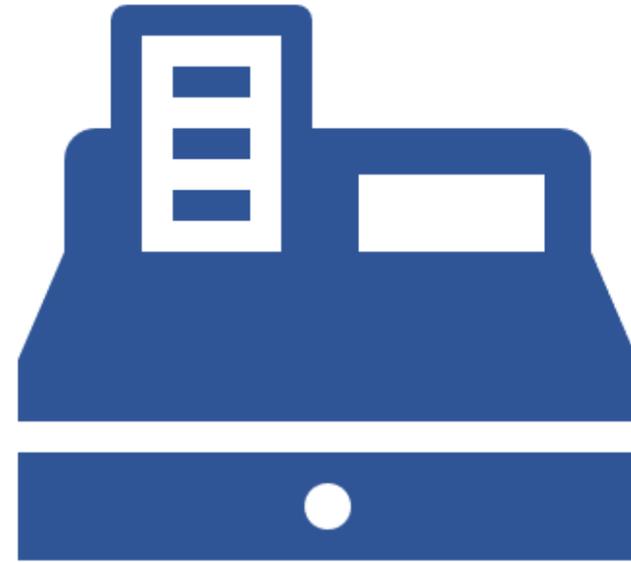
- One or more conditions that prevents a potential claim from being processed for payment
- Exceptions need to be resolved in order for payment to be issued

Proc Codes

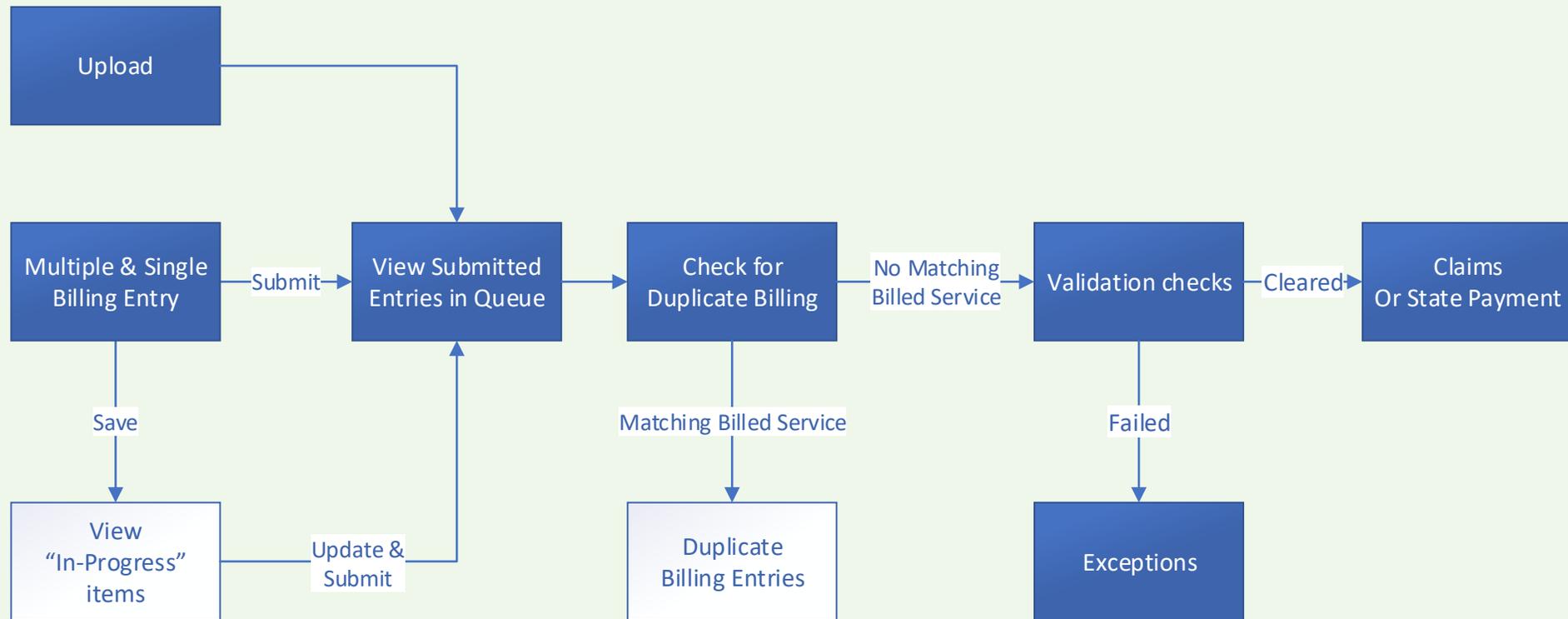
- Medicaid waiver service billing code



Billing For Supported Living Services



Billing Entry to Payment in Non EVV



Add Multiple Entries – Supported Living service

Providers Staff My Profile User Directory Residential Service Provider Configuration

Service Type: 1 selected Provider Name: Provider #: 772275301 Status: Select options

Search: Search Clear

Sites [Add Supported Living Site](#)

Service Type	Provider Name	Provider Number	Site Address	Capacity	Overnight Supports?	Number Of People Authorized	Actions
Supported Living	Test Training Agency1	772275301	510 Wolf Stravenue	100	Yes	0	Manage View
Supported Living	Test Training Agency1	772275301	745 Baumbach Union	100	Yes	0	Manage View
Supported Living	Test Training Agency2	772227301	77286 Otilia Loop	100	Yes	0	Manage View
Supported Living	Test Training Agency2	772227301	91858 Koepp Plains	100	Yes	0	Manage View

- Supported Living is a Site based service
- Sites are entered into the system by RO in the Residential Service Provider Configuration page.
- Billing for services are tracked by the Provider Site



Navigate to Submit Multiple Entries

The image shows two screenshots of the Provider Portal interface. The top screenshot shows the 'Services' tab selected in the navigation bar (marked with a blue circle '1'). Below the navigation bar, there is a search bar and a 'BILLING ENTRY' section with date pickers for 'From:' and 'To:' (both set to 02/09/2020). A blue circle '2' is placed over a plus icon in the left sidebar, with a purple arrow pointing down to the second screenshot. The bottom screenshot shows the 'BILLING ENTRIES' page. In the top right corner, there are buttons for 'Multiple Entries' (marked with a blue circle '3'), 'Single Billing Entry', 'Queued', 'In Progress', and 'Dup'. Below these buttons is a 'Service Type: *' dropdown menu. At the bottom right, there are buttons for 'Reset', 'Create Billing Entries', 'Save Entries', and 'Sub'.



Add Multiple Entries - Inputs

BILLING ENTRIES Multiple Entries Single Billing Entry Queued In Progress Duplicates

Service Type: * Supported Living **From Date of Service: *** 05/01/2020 **To Date of Service:** 05/31/2020 **Provider/Site#: *** All selected (1)

Days of Week: * Sun Mon Tues Wed Thur Fri Sat **Participants: *** 30095271M787121 - Minerva Training-Altenwerth - 17044410154

Reset Create Billing Entries Save Entries Submit Entries

- Criteria must be entered before billing entries can be created
- Billing can be entered for only one service type at a time



Add Multiple Entries - Dates

BILLING ENTRIES Multiple Entries

Service Type: * **From Date of Service:*** **To Date of Service:** **Provider/Site#:***

Supported Living 05/01/2020 05/31/2020 All selected (1)

Service Type: * **From Date of Service:*** **To Date of Service:**

BSS - Brief Support Implementation

Service Type: * **Date of Service: ***

BSS - Behavioral Assessment

Date Parameter varies based on Service Type selected



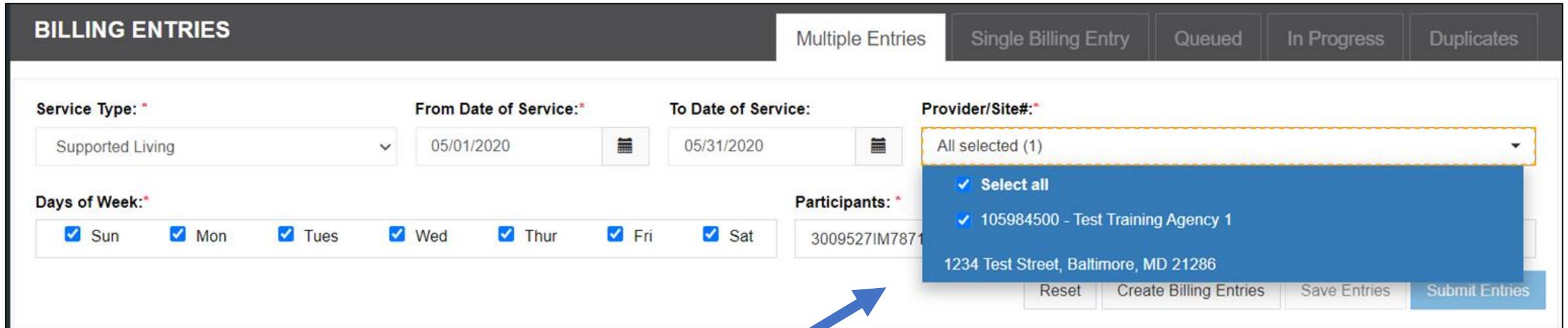
Add Multiple Entries - Providers

BILLING ENTRIES Multiple Entries Single Billing Entry Queued In Progress Duplicates

Service Type: * Supported Living
From Date of Service: * 05/01/2020
To Date of Service: 05/31/2020
Provider/Site#: * All selected (1)

Days of Week: * Sun Mon Tues Wed Thur Fri Sat

Participants: * 3009527IM7871



Agency locations displayed is dependent on date of service. Supported Living service is site based, billing providers see only the agency's information in this field.



Add Multiple Entries – Days / Participants

BILLING ENTRIES Multiple Entries Single Billing Entry Queued In Progress

Service Type: * Supported Living
From Date of Service: * 05/01/2020
To Date of Service: 05/31/2020
Provider/Site#: * All selected (1)

Days of Week: *
 Sun Mon Tues Wed Thur Fri Sat

Participants: *
All selected (13)

Available Clients

Search

- Select all
- 3009517IK137121 - Kiara Training-Ratke - 11226074828
- 3009527IM787121 - Minerva Training-Altenwerth - 17044410154
- 3009519IL907121 - Linnea Training-Hagenes - 72233183333
- 3009504AD357121 - Darren Training-Johnston - 46767208533
- 3009512HC237121 - Christophe Training-Rath - 43014732064

Days default based on service type

Participants w/ approved PCP, provider authorized to provide service on dates selected



Add Multiple Entries - Inputs

BILLING ENTRIES Multiple Entries Single Billing Entry Queued In Progress Duplicates

Service Type: * 1 Supported Living

From Date of Service: * 2 05/01/2020

To Date of Service: 05/31/2020

Provider/Site#: * 3 All selected (1)

Days of Week: * 4 Sun Mon Tues Wed Thur Fri Sat

Participants: * 5 30095271M787121 - Minerva Training-Altenwerth - 17044410154

Reset Create Billing Entries Save Entries Submit Entries

6

Select to **create a billing entry** for each date of service authorized for the selected persons



Add Multiple Entries – Enter Units/Cost

BILLING ENTRIES (62) Unit/Cost Error (0) Provider Error (0)

Date Of Service	DOW	Client ID	Client MA#	First Name	Last Name	Provider	Units (Daily)	Actions
01/01/2020	Wed	3009579LA487121	52443641446	Alisha	Training	887261900 - ABILITIES NETWORK	<input type="text"/>	Delete
01/01/2020	Wed	3009568AZ927121	35825175283	Zackary	Training-Buckridge	887261900 - ABILITIES NETWORK	<input type="text"/>	Delete
01/02/2020	Thur	3009579LA487121	52443641446	Alisha	Training	887261900 - ABILITIES NETWORK	<input type="text"/>	Delete
01/02/2020	Thur	3009568AZ927121	35825175283	Zackary	Training-Buckridge	887261900 - ABILITIES NETWORK	<input type="text"/>	Delete
01/03/2020	Fri	3009579LA487121	52443641446	Alisha	Training	887261900 - ABILITIES NETWORK	<input type="text"/>	Delete
01/03/2020	Fri	3009568AZ927121	35825175283	Zackary	Training-Buckridge	887261900 - ABILITIES NETWORK	<input type="text"/>	Delete
01/04/2020	Sat	3009579LA487121	52443641446	Alisha	Training	887261900 - ABILITIES NETWORK	<input type="text"/>	Delete
01/04/2020	Sat	3009568AZ927121	35825175283	Zackary	Training-Buckridge	887261900 - ABILITIES NETWORK	<input type="text"/>	Delete
01/05/2020	Sun	3009579LA487121	52443641446	Alisha	Training	887261900 - ABILITIES NETWORK	<input type="text"/>	Delete
01/05/2020	Sun	3009568AZ927121	35825175283	Zackary	Training-Buckridge	887261900 - ABILITIES NETWORK	<input type="text"/>	Delete

Use the Tab Key to quickly move down the list



Add Multiple Entries - Save

BILLING ENTRIES

Multiple Entries | Single Billing Entry | Queued | In Progress | Duplicates

Service Type: * Supported Living
From Date of Service: * 05/01/2020
To Date of Service: 05/31/2020
Provider/Site#: * All selected (1)

Days of Week: * Sun Mon Tues
Participants: *

Submitted Records: 8

SAVE ENTRIES

8 billing entries will be saved.

OK Cancel

BILLING ENTRIES (23)

Date Of Service	DOW	Client ID	Actions
05/09/2020	Sat	3009517IK137	Delete
05/10/2020	Sun	3009517IK137121 11226074828	Delete
		Klara Training-Ratke 105984500 - Test Training Agency 1	Delete
		Training-Ratke 105984500 - Test Training Agency 1	Delete
		Training-Ratke 105984500 - Test Training Agency 1	Delete

Save Entries | Submit Entries

Save entries can be reviewed in the IN PROGRESS tab

Multiple Entries | Single Billing Entry | Queued | In Progress | Duplicates



Add Multiple Entries – Submit

Service Type: Supported Living

From Date of Service: 05/01/2020

To Date of Service: 05/31/2020

Provider/Site#: All selected (1)

Days of Week: Sun, Mon, Tues

Participants: 11226074828

Submitted Records: 8

SUBMIT ENTRIES

8 billing entries will be submitted.

OK Cancel

Billing Entries Save Entries Submit Entries

Cost Error (15) Provider Error (0)

Date Of Service	DOW	Client ID							Actions
05/09/2020	Sat	3009517IK137							Delete
05/10/2020	Sun	3009517IK137121	11226074828	Kiara	Training-Ratke	105984500 - Test Training Agency 1	1		Delete
05/11/2020	Mon	3009517IK137121	11226074828	Kiara	Training-Ratke	105984500 - Test Training Agency 1	1		Delete
					Training-Ratke	105984500 - Test Training Agency 1	1		Delete
					Training-Ratke	105984500 - Test Training			Delete

Submit Entries go to QUEUED tab



Multiple Entries Single Billing Entry **Queued** In Progress Duplicates

Add Multiple Entries – Entries with Errors

Service Type: * Supported Living **From Date of Service: *** 05/01/2020 **To Date of Service:** 05/31/2020 **Provider/Site#: *** All selected (1)

Days of Week: * Sun Mon Tues Wed Thur Fri Sat **Participants: *** 3009517IK137121 - Kiara Training-Ratke - 11226074828

Submitted Records: 8

BILLING ENTRIES (23) Unit/Cost Error (15) Provider Error (0)

Date Of Service	DOW	Client ID	Client MA#	First Name	Last Name	Provider	Units (Day)	Actions
05/17/2020	Sun	3009517IK137121	11226074828	Kiara	Training-Ratke	105984500 - Test Training Agency 1	<input type="text"/> !	Delete
05/18/2020	Mon	3009517IK137121	11226074828	Kiara	Training-Ratke	105984500 - Test Training Agency 1	<input type="text"/> !	Delete
05/19/2020	Tues	3009517IK137121	11226074828	Kiara	Training-Ratke	105984500 - Test Training Agency 1	<input type="text"/> !	Delete

Cannot exceed limit of 1 and must be greater than zero



Dedicated Hours for Supported Living

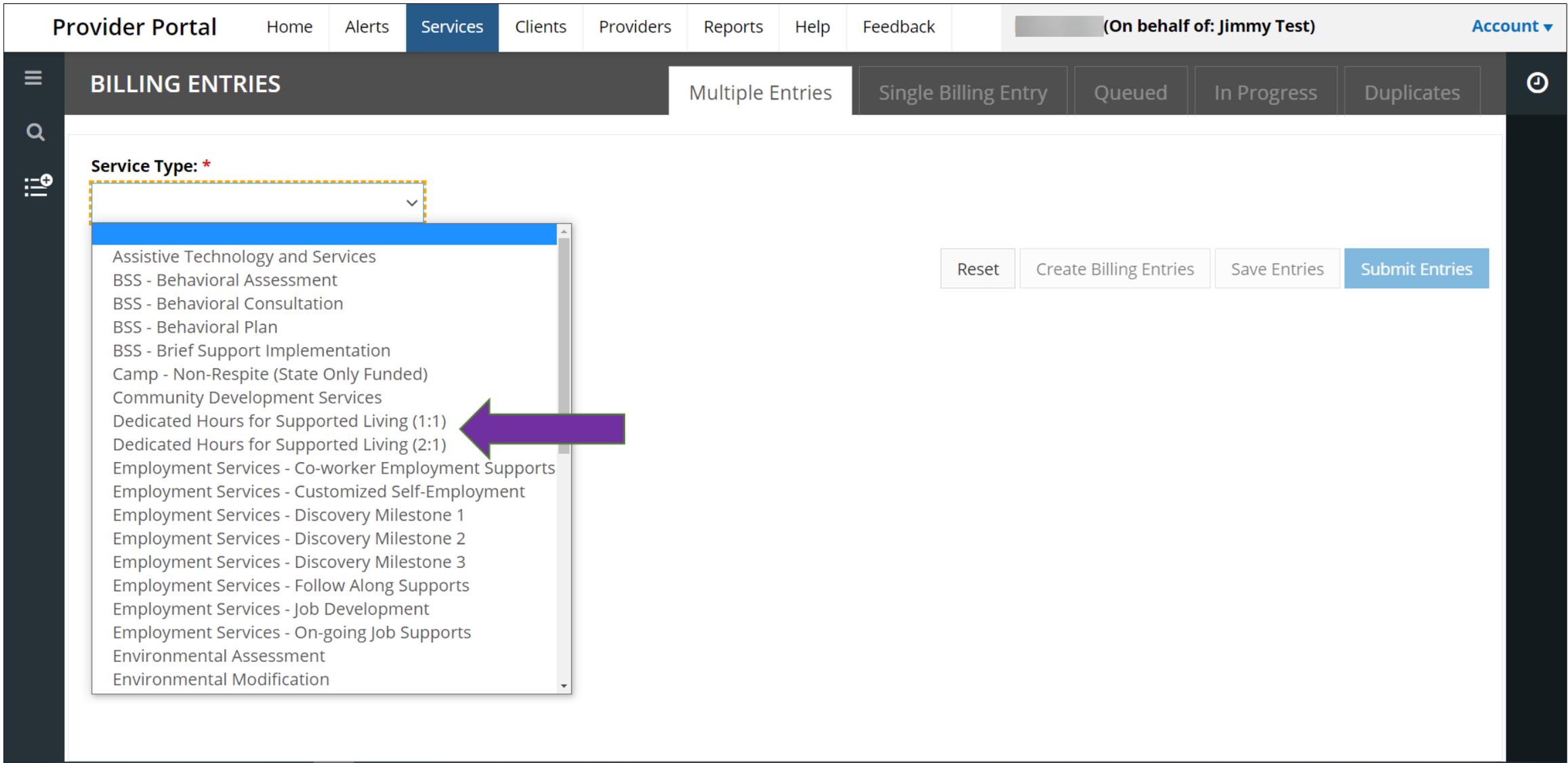
Provider Portal Home Alerts **Services** Clients Providers Reports Help Feedback (On behalf of: Jimmy Test) Account ▾

BILLING ENTRIES Multiple Entries Single Billing Entry Queued In Progress Duplicates

Service Type: *

- Assistive Technology and Services
- BSS - Behavioral Assessment
- BSS - Behavioral Consultation
- BSS - Behavioral Plan
- BSS - Brief Support Implementation
- Camp - Non-Respite (State Only Funded)
- Community Development Services
- Dedicated Hours for Supported Living (1:1)
- Dedicated Hours for Supported Living (2:1)
- Employment Services - Co-worker Employment Supports
- Employment Services - Customized Self-Employment
- Employment Services - Discovery Milestone 1
- Employment Services - Discovery Milestone 2
- Employment Services - Discovery Milestone 3
- Employment Services - Follow Along Supports
- Employment Services - Job Development
- Employment Services - On-going Job Supports
- Environmental Assessment
- Environmental Modification

Reset Create Billing Entries Save Entries Submit Entries



Dedicated Hours of Supported Living

Provider Portal Home Alerts **Services** Clients Providers Reports Help Feedback (On behalf of: Jimmy Test) Account

BILLING ENTRIES Multiple Entries Single Billing Entry Queued In Progress Duplicates

Service Type: * Dedicated Hours for Supported Livir

From Date of Service: * 09/01/2020

To Date of Service: 09/04/2020

Provider/Site#: * All selected (1)

Days of Week: * Sun Mon Tues Wed Thur Fri Sat

Participants: * All selected (2)

Available Clients

Search

- Select all
- 3009598ED907121 - Deion Training - 00157643428
- 3009573IG827121 - Gino Training-Feil - 57748518477

Selected Clients

- 3009598ED907121 -
- 3009573IG827121 -

- Criteria must be entered before billing entries can be created
- Billing can be entered for only one service type at a time

Dedicated Hours for Supported Living

Provider Portal Home Alerts **Services** Clients Providers Reports Help Feedback t (On behalf of: Jimmy Test) Account ▾

BILLING ENTRIES Multiple Entries Single Billing Entry Queued In Progress Duplicates

Service Type: * Dedicated Hours for Supported Livii ▾ **From Date of Service:*** 09/01/2020 **To Date of Service:** 09/04/2020 **Provider/Site#:*** All selected (1) ▾

Days of Week:* Sun Mon Tues Wed Thur Fri Sat **Participants: *** All selected (2) ▾

Reset Create Billing Entries Save Entries Submit Entries

Select to **create a billing entry** for each date of service authorized for the selected persons

Dedicated Hours for Supported Living

Provider Portal Home Alerts **Services** Clients Providers Reports Help Feedback (On behalf of: Jimmy Test) Account

BILLING ENTRIES Multiple Entries Single Billing Entry Queued In Progress Duplicates

Service Type: * Dedicated Hours for Supported Living (1:1) From Date of Service: * 09/01/2020 To Date of Service: 09/30/2020 Provider/Site#: * All selected (1)

Days of Week: * Sun Mon Tues Wed Thur Fri Sat Participants: * All selected (2)

Reset Create Billing Entries Save Entries **Submit Entries**

Use Cost Error (0) Provider Error (0)

BILLING ENTRIES (30)

Date Of Service	DOW	Client ID	Client MA#	First Name	Last Name	Provider	Units (Hour)	Actions
09/01/2020	Tues	3009573IG827121	57748518477	Gino	Training-Feil	105984500 - Test Training Agency 1	4	Delete
09/02/2020	Wed	3009573IG827121	57748518477	Gino	Training-Feil	105984500 - Test Training Agency 1	8	Delete
09/03/2020	Thur	3009573IG827121	57748518477	Gino	Training-Feil	105984500 - Test Training Agency 1	6	Delete
09/04/2020	Fri	3009573IG827121	57748518477	Gino	Training-Feil	105984500 - Test Training Agency 1	4	Delete
09/05/2020	Sat	3009573IG827121	57748518477	Gino	Training-Feil	105984500 - Test Training Agency 1		Delete

< 1 > Page Size: 100 Showing 1 - 30 of 30

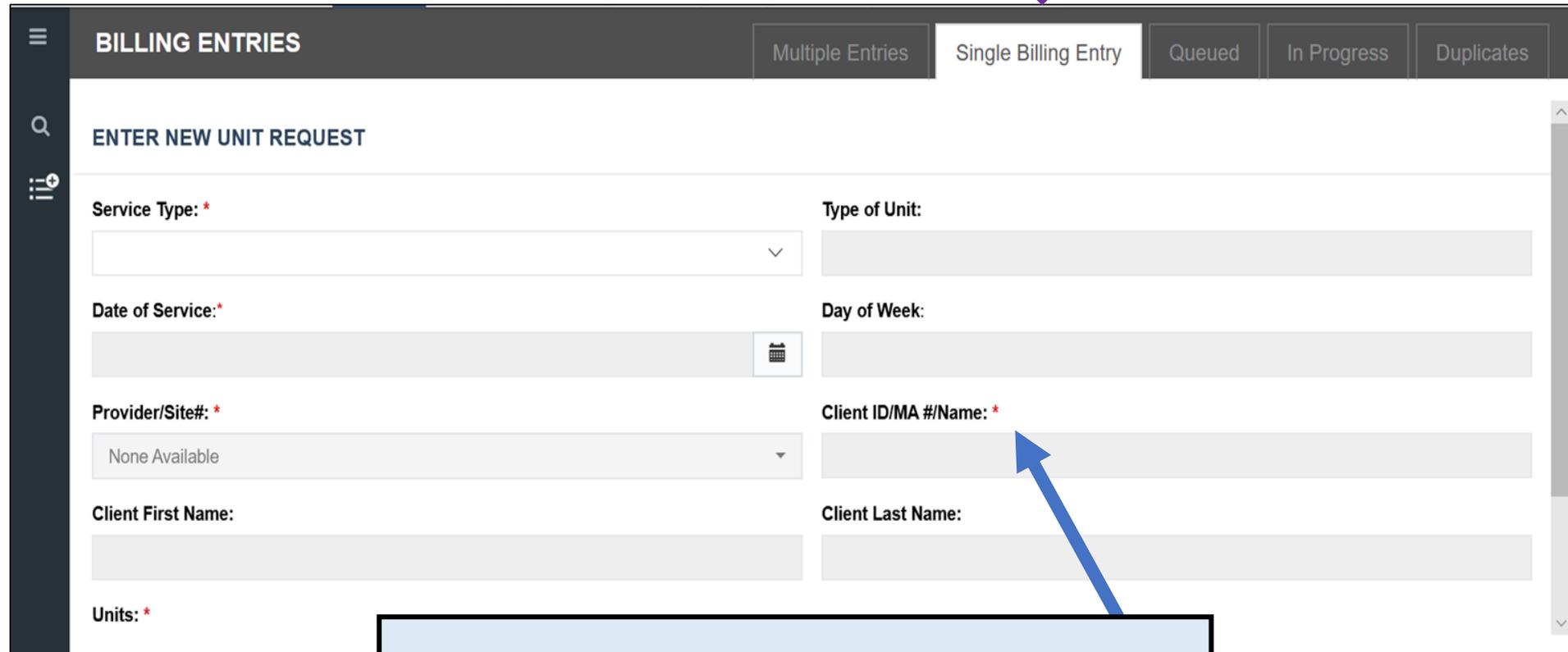
Proprietary and Confidential

Navigate to Submit Single Billing Entry

The screenshot shows the navigation menu of the Provider Portal. The top navigation bar includes 'Provider Portal', 'Home', 'Services' (highlighted with a blue circle containing the number 1), 'ts', 'Providers', 'Reports', 'Help', and 'Feedback'. Below this, a secondary navigation bar features 'BILLING ENTRIES' (with a hamburger menu icon to its left), 'Multiple Entries', 'Single Billing Entry' (highlighted with a blue circle containing the number 3), 'Queued', 'In Progress', and 'Duplicates'. A search icon and the text 'ENTER NEW UNIT REQUEST' are visible below the secondary navigation bar. A third blue circle containing the number 2 is positioned over the bottom-left corner of the navigation area, near a plus sign icon.



Submit a Single Entry



The screenshot shows a web interface for 'BILLING ENTRIES'. At the top, there are tabs for 'Multiple Entries', 'Single Billing Entry', 'Queued', 'In Progress', and 'Duplicates'. The 'Single Billing Entry' tab is selected. Below the tabs is a search bar and a title 'ENTER NEW UNIT REQUEST'. The form contains several fields: 'Service Type:' (dropdown), 'Date of Service:' (calendar icon), 'Provider/Site#:' (dropdown with 'None Available'), 'Client First Name:', 'Units:' (with an asterisk), 'Type of Unit:', 'Day of Week:', 'Client ID/MA #/Name:' (with an asterisk), and 'Client Last Name:'. A blue arrow points to the 'Client ID/MA #/Name:' field.

Used for 1 entry > must enter the client ID OR Name in required field

Reset Save Submit



In-Progress Tab

BILLING ENTRIES

Multiple Entries | Single Billing Entry | Queued | **In Progress** | Duplicates

Category of Service:* DDA Services | Source: All selected (3) | Created From Date: | Created To Date: | Created By: All selected (1) | **Show only Follow-up items**

Filter

Source : All Selected | Created By : All Selected

<input type="checkbox"/>		Date of Service	Service Type	Provider Name/Number	Units / Cost	Client Name	Created Date-Time	Follow Up
<input type="checkbox"/>	▼	5/8/20	Supported Living	Test Training Agency 1 105984500	1	Training-Ratke, Kiara	Sep 29, 2020 9:00:03 PM	
<input type="checkbox"/>	▼	5/7/20	Supported Living	Test Training Agency 1 105984500	1	Training-Ratke, Kiara	Sep 29, 2020 9:00:03 PM	
<input type="checkbox"/>	▼	5/6/20	Supported Living	Test Training Agency 1 105984500	1	Training-Ratke, Kiara	Sep 29, 2020 9:00:03 PM	

Entries SAVED are seen in the "IN PROGRESS" Tab



In-Progress Tab – Follow up or Edit

BILLING ENTRIES Multiple Entries Single Billing Entry Queued **In Progress** Duplicates

Category of Service:* Source: Created From Date: Created To Date: Created By: Show only Follow-up items

DDA Services All selected (3) All selected (1)

Follow Up **Edit** **Submit** Discard (1) Filter

Source : All Selected Created By : All Selected

<input type="checkbox"/>	Date of Service	Service Type	Provider Name/Number	Units / Cost	Client Name	Created Date-Time	Follow Up
<input checked="" type="checkbox"/>	5/8/20	Supported Living	Test Training Agency 1 105984500	1	Training-Ratke, Kiara	Sep 29, 2020 9:00:03 PM	
<input type="checkbox"/>	5/7/20	Supported Living	Test Training Agency 1 105984500	1	Training-Ratke, Kiara	Sep 29, 2020 9:00:03 PM	

Service can be flagged with comments, edited or submitted



In-Progress Tab – Follow up

BILLING ENTRIES

Multiple Entries | Single Billing Entry | Queued | **In Progress** | Duplicates

Category of Service:* DDA Services | Source: All selected (3) | Created From Date: | Created To Date: | Created By: All selected (1) | Show only Follow-up items

Follow Up | Edit | Submit | Discard (1) | Filter

Source : All Selected | Created By : All Selected

<input type="checkbox"/>		Date of Service		Created Date-Time	Follow Up
<input checked="" type="checkbox"/>	▼	5/8/20		Kiara Sep 29, 2020 9:00:03 PM	
<input type="checkbox"/>	▼	5/7/20		Kiara Sep 29, 2020 9:00:03 PM	
<input type="checkbox"/>	▼	5/6/20		Kiara Sep 29, 2020 9:00:03 PM	

ENTER FOLLOW UP COMMENTS [X]

Comments: *

Comments will be applied to all the selected entries.

Cancel Submit



In-Progress Tab – Edit

BILLING ENTRIES

Multiple Entries | Single Billing Entry | Queued | **In Progress** | Duplicates

Category of Service: DDA Services | Source: All selected (3)

Source: All Selected | Created By: All Selected

Date of Service: 5/8/20, 5/7/20, 5/6/20, 5/5/20, 5/4/20, 5/3/20, 5/2/20

EDIT BILLING ENTRY

Service Type: Supported Living | Date of Service: 05/08/2020

Day of Week: Friday | Source: Multiple

Client LTSS ID: 3009517IK137121 | Client MA#: 11226074828

Client First Name: Kiara | Client Last Name: Training-Ratke

Provider/Site#: 105984500 - Test Training Agency 1 - 1234 Test Street | Provider Name: Test Training Agency 1

Units: 1 | Created By: TestProviderAdmin Agency1

Buttons: Cancel, Save, Submit

Background Table: (1) | Show only Follow-up items | Edit | Submit | Discard (1) | Filter

	Created Date-Time	Follow Up
Kiara	Sep 29, 2020 9:00:03 PM	
Kiara	Sep 29, 2020 9:00:03 PM	
Kiara	Sep 29, 2020 9:00:03 PM	
Kiara	Sep 29, 2020 9:00:03 PM	
Kiara	Sep 29, 2020 9:00:03 PM	
Kiara	Sep 29, 2020 9:00:03 PM	
Kiara	Sep 29, 2020 9:00:03 PM	



In-Progress Tab – Submit

BILLING ENTRIES Multiple Entries Single Billing Entry Queued **In Progress** Duplicates

Category of Service:* DDA Services Source: All selected (3) Created From Date: Created To Date: Created By: All selected (1) Show only Follow-up items

Follow Up Edit **Submit** Discard (1) Filter

Source : All Selected Created By : All Selected

<input type="checkbox"/>	Date of Service	Service Type	Provider Name/Number	Units / Cost	Client Name	Create Date-Time	Follow Up
<input checked="" type="checkbox"/>	5/8/20	Supported Living	Test Training Agency 1 105984500	1	Training-Ratke, Kiara	Sep 29, 2020 9:00:03 PM	

Submitted Entries are moved to Queued tab



Queued Tab

BILLING ENTRIES Multiple Entries Single Billing Entry **Queued** In Progress Duplicates

Category of Service:* Source: Submitted By:

DDA Services All selected (3) All selected (1) Show only multiple entries for a date

Filter

Source : All Selected Submitted By : All Selected

<input type="checkbox"/>	Date of Service	Service Type	Provider Name/Number	Units / Cost	Client Name	Submitted Date-Time
<input type="checkbox"/>	7/1/20	Supported Living	Test Training Agency 1 105984500	1	Training-Ratke, Kiara	Sep 25, 2020 10:40:54 AM

Entries submitted on the current date > processed for billing every night

Queued services will be automatically submitted and no longer visible



Duplicate Entries in Queued Tab

BILLING ENTRIES Multiple Entries Single Billing Entry Queued In Progress Duplicates

Category of Service:* DDA Services Source: All selected (3) Submitted By: All selected (1) Show only multiple entries for a date Filter

Source : All Selected Submitted By : All Selected

	Date of Service	Service Type	Provider Name/Number	Units / Cost	Client Name	Submitted Date-Time
<input type="checkbox"/>						
<input type="checkbox"/>	7/1/20	Active Supported Living	Test Training Agency 1 105984500	1	Training-Ratke, Kiara	Sep 29, 2020 9:19:44 PM
<input type="checkbox"/>	7/1/20	Duplicate Supported Living			Ratke, Kiara	Sep 25, 2020 10:40:54 AM

Active
Duplicate

Entries tagged as Active or Duplicate



Duplicates Tab

BILLING ENTRIES Multiple Entries Single Billing Entry Queued In Progress Duplicates

Category of Service:* DDA Services Source: All selected (3) Submitted Date: Submitted By: None Available Duplicate Reason: All selected (2) Filter

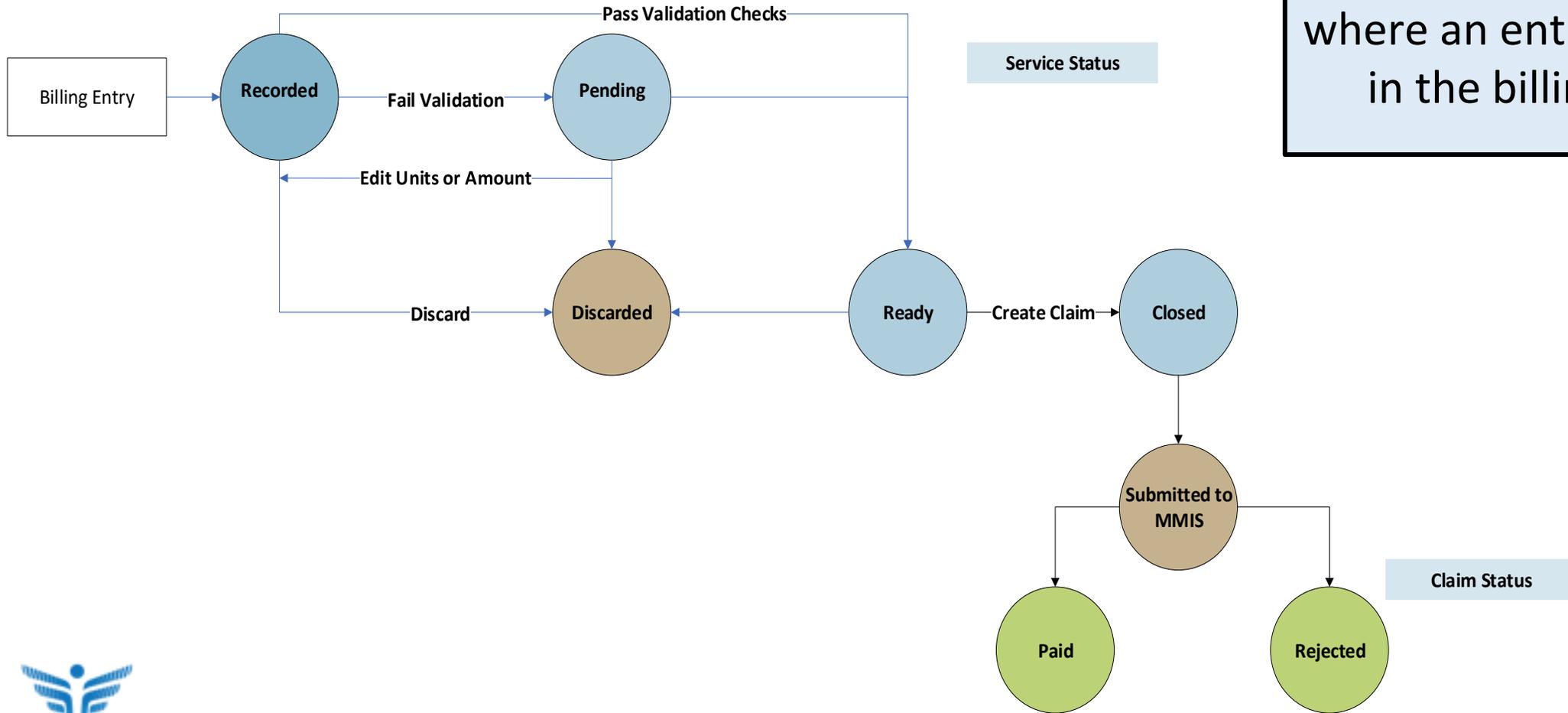
Source : All Selected

Date of Service	Service Type	Provider Name/Number	Units / Cost	Client Name	Submitted Date-Time	Duplicate Reason
No Data Available.						

- Same Day Duplicates
- Duplicates of Existing Services



Service Status



A workflow that identifies where an entry is currently in the billing process



Search for Services

Provider Portal Home **Services** Clients Providers Reports Help Feedback

Non-EVV 1

2

SERVICE

Service Date From: * 01/01/2020 3 Service Date To: * 01/01/2020

Submission Date From: ⓘ Submission Date To: ⓘ

Service Type: All selected (54)

Service Status: 3 9 selected

Reset Search

Provider staff can view entered services and claim information



Services Search – Input options

Search parameters are used to locate activity results for a time range

Non-EVV

SERVICE

Service Date From: * 09/28/2020

Service Date To: * 09/28/2020

Submission Date From: ⓘ

Submission Date To: ⓘ

Service Type: All selected (54)

Service Status: All selected (12)

Exception Type: All selected (35)

Reset Search

ADVANCED SEARCH OPTIONS

CLAIM

Claim Status: All selected (5)

Claim Type: All selected (4)

RA NO:

ICN:

Claim #:

Reset Search



Search Result – Non EVV Services

CURRENT SEARCH FILTERS: Save Search

Service Date From : 07/01/2020 Service Date To : 09/28/2020 Client ID/MA # : 3009527IM787121 Services : All Selected Service Status : All Selected Exception Type : All Selected

Claim Type : All Selected

CLIENT Filter by Last Name: All Total Count of Services : 1 Total Count of Services for Group by Client : 1

Group by Client ▼ Sort By: Date of Service ▼

Client Name: **Training-Altenwerth, Minerva**

ID # 3009527IM787121
MA # 17044410154
Services with [No Title] tions: 1
Services: 1 Claims: 0

Client Name: **Training-Altenwerth, Minerva** LTSS ID # 3009527IM787121 MA # 17044410154

Service Date: 07/01/2020	Claim Status: N/A	Claim Type: N/A	Total Billed: --	Total Paid: --	RA NO.: --
Service Type: Supported Living	Submission Date: 09/24/2020	Proc Code: W5620	Program: CP	Claim #: --	Claim ICN: --
Service Status: Pending	Provider #: 105984500	Provider FEIN: 649588863	Provider Address: 1234 Test Street Baltimore MD 21286	Provider Name: Test Training Agency	1

Units:
1

Exceptions: **1** Multiple supported living sites authorized for the same provider on the service plan

[Details](#)

Selecting a person's card returns all services for the person within the search parameters.



Navigating to Service Details

CURRENT SEARCH FILTERS: Save Search

Service Date From : 07/01/2020 **Service Date To :** 09/28/2020 **Client ID/MA # :** 3009527IM787121 **Services :** All Selected **Service Status :** All Selected **Exception Type :** All Selected

Claim Type : All Selected

CLIENT Filter by Last Name: All ▼ Total Count of Services : 1 Total Count of Services for Group by Client : 1

Group by Client ▼ Sort By: Date of Service ▼

Client Name: **Training-Altenwerth, Minerva**

ID # **3009527IM787121**
MA # **17044410154**

Services with [[No Title]]tions: **1**
Services: **1** Claims: **0**

Client Name: **Training-Altenwerth, Minerva** LTSS ID # **3009527IM787121** MA # **17044410154**

Service Date: 07/01/2020	Claim Status: N/A	Claim Type: N/A	Total Billed: --	Total Paid: --	RA NO.: --
Service Type: Supported Living	Submission Date: 09/24/2020	Proc Code: W5620	Program: CP	Claim #: --	Claim ICN: --
Service Status: Pending	Provider #: 105984500	Provider FEIN: 649588863	Provider Address: 1234 Test Street Baltimore MD 21286	Provider Name: Test Training Agency 1	

Units:
1

Exceptions: **1** Multiple supported living sites authorized for the same provider on the service plan

[Details](#)



Service Details Page

1 Service Header

Service Date: 07/01/2020	CLAIM SUMMARY Program Type: CP Claim #: -- Authorized Services Report	CLIENT INFORMATION Procedure Code: W5620 Total Paid: -- Client Name: T, L ID #: 3009533IL727121	PROVIDER INFORMATION Primary Phone #: MA #: Provider #: 293561100 Provider FEIN: 128958868 Provider Name: Test Training Agency 3
------------------------------------	--	---	--

CLAIM DETAILS Claim Type: N/A Procedure Code: N/A Claim Status: N/A <table><tr><td>Net:</td><td>Billed:--</td><td>Paid:--</td><td>Units:--</td></tr><tr><td>Total:</td><td>Billed:--</td><td>Paid:--</td><td>Units:--</td></tr></table> Claim Creation Date: -- Claim ICN: -- RA NO: -- RA Date: --	Net:	Billed:--	Paid:--	Units:--	Total:	Billed:--	Paid:--	Units:--	Activity 1 Units	Comments Status: Pending EXCEPTIONS: 1 Multiple supported living sites authorized for the same provider on the service plan i	Workflow History
Net:	Billed:--	Paid:--	Units:--								
Total:	Billed:--	Paid:--	Units:--								

[Discard](#) [Edit](#)



Service Details Page

Service Date:

07/01/2020

Service Type:

Supported
Living

CLAIM SUMMARY

Program Type: **CP**

Claim #:

--

[Authorized Services Report](#)

CLIENT INFORMATION

Procedure Code: **W5620**

Client Name: **T, L**

Total Paid: --

ID #: **3009533IL727121**

PROVIDER INFORMATION

Primary Phone #:

Provider #: **293561100**

Provider FEIN:

128958868

MA #:

Provider Name: [Test Training Agency 3](#)

CLAIM DETAILS

Claim Type: **N/A**

Claim Status: **N/A**

Procedure Code: **N/A**

Net: Billed:-- Paid:-- Units:--

Total: Billed:-- Paid:-- Units:--

Claim Creation Date: --

Claim ICN: --

RA NO: --

RA Date: --

Activity

Comments

Workflow History

1

Units

Status: **Pending**

EXCEPTIONS: 1

Multiple supported living sites authorized for the same provider on the service plan **i**

Discard

Edit

2

Claim Details



Service Details Page

Service Date:

07/01/2020

Service Type:

Supported
Living

CLAIM SUMMARY

Program Type: CP

Claim #:

--

[Authorized Services Report](#)

CLIENT INFORMATION

Procedure Code: W5620

Total Paid: --

Client Name: T, L

ID #: 3009533IL727121

PROVIDER INFORMATION

Primary Phone #:

MA #:

Provider #: 293561100

Provider FEIN:

128958868

Provider Name: [Test Training Agency 3](#)

CLAIM DETAILS

Claim Type: N/A

Claim Status: N/A

Procedure Code: N/A

Net:	Billed:--	Paid:--	Units:--
-------------	-----------	---------	----------

Total:	Billed:--	Paid:--	Units:--
---------------	-----------	---------	----------

Claim Creation Date: --

Claim ICN: --

RA NO: --

RA Date: --

Activity

Comments

Workflow History

1

Units

Status: Pending

EXCEPTIONS: 1

Multiple supported living sites authorized for the same provider on the service plan 

3

Service Details

Discard

Edit



Editing a Non EVV service

Activity | Comments | Workflow History

1
Units

Status: **Pending** ←

EXCEPTIONS: 1

Multiple supported living sites authorized for the same provider on the service plan ⓘ

Service must be in **Recorded** or **Pending** status to EDIT

Service Details

Discard Edit



Editing a Non EVV service

Activity | Comments | Workflow History

Status: Pending

Supported Living Site:*

1 Units

Edit Reason:*

- Change in Authorization
- Incorrect Units/Cost of Service
- Other

Authorized for the same provider on the service plan ⓘ

Discard Cancel Save



1. Modify Units / Cost
2. Enter Edit Reason
3. Click on Save



Discard Non EVV service

Activity | Comments | Workflow History

1
Units

Status: **Pending**

EXCEPTIONS: 1

Multiple supported living sites authorized for the same provider on the service plan ⓘ

Discard Edit



DISCARD ACTIVITY * [Close]

Are you sure you wish to discard this **1** activity?

Reason for Discard: *

- Billed for the wrong site
- Change in authorization
- Duplicate payment
- Incorrect cost of service
- Incorrect date of service
- Incorrect service type
- Recipient did not receive service
- Other

Discard Cancel



Handle Exceptions

~~EXCEPTIONS~~

Exceptions

- ✓ Circumstances that prevents a potential claim from being processed for payment
- ✓ Must be resolved in order for payment to be issued
- ✓ Service will be “Pending Provider” or “Pending MDH” status when an exception is identified and will stay in status until issue is resolved



Exception Types

Agency Providers are responsible for resolving:

- *Multiple supported living sites authorized for the same provider on service plan*
- *Provider has exceeded the maximum authorization for the month*
- *Provider has exceeded the maximum authorization*
- *Provider # does not have the approved and active Category of Service*
- *Provider is not approved to provide services to a minor*



Exception Types

Agency Providers must contact the Person's Assigned CCS Coordinator:

- *Client not enrolled in a DDA program*
- *No approved service plan found*
- *Provider not authorized for the service*
- *Client Ineligible for Program*
- *Client LTSS Program does not align with MMIS waiver program*
- *Client ineligible for Medicaid*
- *Client ineligible for Medicaid but has active waiver program in MMIS*
- *Client LTSS program does not match the service plan*



View Exceptions – Home Page

Home Page Actions Required shows counts of services pending

ACTIONS REQUIRED (AS OF 9/29/20 8:45 PM) Refresh ↻

- ▶ REDETERMINATION DUE FOR CLIENTS
- ▼ RESOLVE BY PROVIDER
 - ▶ EVV SERVICES
 - ▼ NON EVV SERVICES

Exception Type	Pending	Total
Multiple supported living sites authorized for the same provider on the service plan	7	7
No approved service plan found	16	16
Client not enrolled in a DDA program	16	16

- ▶ RESOLVE BY MDH



View Exceptions – Services Search

Non-EVV ▼ ←

Service Date From:* 01/01/2020 📅 Service Date To:* 01/31/2020 📅

Submission Date From: ⓘ 📅 Submission Date To: ⓘ 📅

Service Type:
All selected (54) ▼

Service Status:
9 selected ▼

Exception Type:
All selected (34) ▼

Reset Search

- DDA
- Client has exceeded maximum allowable Meaningful Day services for the week
 - Client not enrolled in a DDA program
 - Client ineligible for program
 - Client ineligible for Medicaid
 - Client ineligible for Medicaid but has active waiver program in MMIS
 - Client LTSS Program does not match the service plan
 - Client LTSS Program does not align with MMIS waiver program
 - Multiple supported living sites authorized for the same provider on the service plan
 - No approved service plan found
 - Provider has exceeded the maximum authorization for the month
 - Client has exceeded maximum allowable Dedicated hours for the day
 - Client has exceeded maximum allowable Meaningful Day services for the day
 - Provider not authorized for the service
 - Provider # does not have the approved and active Category of Service
 - Provider has exceeded the maximum authorization



Viewing Exceptions - Service Details page

Service Date: 07/01/2020 Service Type: Supported Living	CLAIM SUMMARY	CLIENT INFORMATION	PROVIDER INFORMATION			
	Program Type: CP	Procedure Code: W5620	Client Name: T, M	Primary Phone #:	Provider #: 105984500	Provider FEIN: 649588863
	Claim #: --	Total Paid: --	ID #: 3009520IM187121	MA #:	Provider Name: Test Training Agency	
	Authorized Services Report					

CLAIM DETAILS	Activity	Comments	Workflow History
Claim Type: N/A	1 Units	Status: Pending	
Claim Status: N/A		EXCEPTIONS: 1	
Procedure Code: N/A		Multiple supported living sites authorized for the same provider on the service plan i	
Net: Billed:-- Paid:-- Units:--			
Total: Billed:-- Paid:-- Units:--			
Claim Creation Date: --			
Claim ICN: --			
RA NO: --			
RA Date: --			
			Discard Edit

Service Details



Resolving Supported Living Site Ambiguity

Activity | Comments | Workflow History

1
Units

Status: **Pending** ←

EXCEPTIONS: 1

Multiple supported living sites authorized for the same provider on the service plan ⓘ

DESCRIPTION

The correct supported living site is ambiguous on the activity. Please update the activity to reflect correct site.

↓

Discard | Edit



Resolving Supported Living Site Ambiguity

Activity | Comments | Workflow History

1
Units

Status: **Pending** 1

Edit Reason:* 1

- Change in Authorization
- Incorrect Units/Cost of Service
- Other

Supported Living Site 2

97344 Luigi Glens Maynardland MD 51298
09677 Nat Island Harveyshire MD 87225-9507

Multiple supported living sites authorized for the same provider on the service plan i

Discard | Cancel | Save



Resolving Supported Living Site Ambiguity

Activity | Comments | Workflow History

1
Units

Status: **Recorded** ←
Edit Reason: **Change in Authorization**

Supported Living Site: **09677 Nat Island Harveyshire MD 87225-9507**

EXCEPTIONS: 1

Multiple supported living sites authorized for the same provider on the service plan ⓘ

Discard Edit

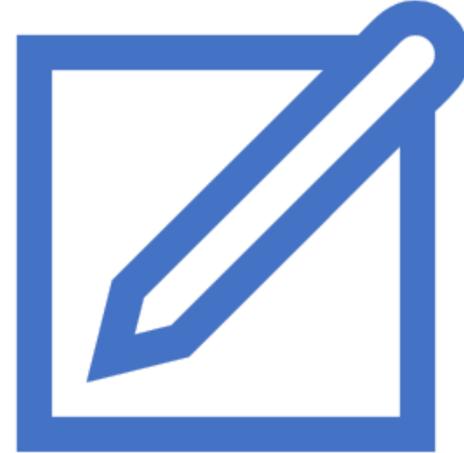


Supported Living Site Recorded

Activity Comments Workflow History						
DateTime	Activity Status	Units	Last Updated By	Modification Source	Comments/Reason	Supported Living address
02/20/2020 at 11:45AM	Recorded	1	 ⓘ	Provider	Change in Authorization	09677 Nat Island Harveyshire MD 87225-9507
11/18/2019 at 10:52AM	Pending	1	System Administrator	Overnight Process		
11/18/2019 at 9:37AM	Recorded	1	System Administrator	Overnight Process		



Adjust a Service



Adjustment

Providers can adjust a claim which has been **PAID / REJECTED**

Adjustment may be made to:

1. Modify units or cost of a claim
2. Negate the units/cost of the claim(Voiding)

A claim is then sent to Medicaid to adjust the payment



Adjust a Service - Details

Client Name: **Training-Altenwerth, Minerva**

LTSS ID # **3009527IM787121**

MA # **17044410154**

Service Date: 06/05/2020	Claim Status: Paid	Claim Type: Original	Total Billed: \$410.53	Total Paid: \$410.53	RA NO.: YG8278
Service Type: Supported Living	Submission Date: 09/24/2020	Proc Code: W5620	Program: CP	Claim #: cd7f43eaedc4452fa76fb03c537a3842	Claim ICN: R9DESV94Z4Z7336GFDH1
Service Status: Closed	Provider #: 105984500	Provider FEIN: 649588863	Provider Address: 1234 Test Street Baltimore MD 21286	Provider Name: Test Training Agency 1	
Units: 1					

Exceptions: **0**

[Details](#)



Adjust Activity

CLAIM DETAILS

Claim is Paid

Claim Type: **Original** Claim Status: **Paid**

Procedure Code: **W5620**

Net: Billed:\$410.53 Paid:\$410.53 Units:1
Total: Billed:\$410.53 Paid:\$410.53 Units:1

Claim Creation Date: **09/24/2020**
Claim ICN: **2RBLSYFPTG2OV03WRA60**
RA NO: **YG8278**
RA Date: **09/24/2020**

[Claim Details](#)

Activity Comments Workflow History

1
Units

Status: **Closed**

Supported Living Site: **919 Nina Radial South
Chadrickville MD 20313**

[Adjust Activity](#)

Claim Status is paid or rejected >
Adjust Activity will appear



Different Rows Appear

CLAIM DETAILS

Claim Type: **Adjustment** Claim Status: **N/A**
Procedure Code: **N/A**

Net:	Billed:--	Paid:--	Units:--
Total:	Billed:--	Paid:--	Units:--

Cost To Care:
Claim Creation Date: --
Claim ICN: --
RA NO: --
RA Date: --

Activity Comments Workflow History

1 Status: **Closed** Supported Living Site: 919 Nina Radial South Chadrickville MD 20313
Units

Void Activity Cancel Edit

CLAIM DETAILS

Claim Type: **Original** Claim Status: **Paid**
Procedure Code: **W5620**

Net:	Billed:\$410.53	Paid:\$410.53	Units:1
Total:	Billed:\$410.53	Paid:\$410.53	Units:1

Claim Creation Date: **09/24/2020**
Claim ICN: **2RBLSYFPTG2OV03WRA60**
RA NO: **YG8278**
RA Date: **09/24/2020**

Claim Details

Activity

1 Status: **Closed**
Units

Adjust Activity creates TWO rows with different Claim Types



Adjust a Service

CLAIM DETAILS

Claim Type: **Adjustment** Claim Status: **N/A**
Procedure Code: **N/A**

Net:	Billed:--	Paid:--	Units:--
Total:	Billed:--	Paid:--	Units:--

Cost To Care:
Claim Creation Date: --
Claim ICN: --
RA NO: --
RA Date: --

Activity Comments Workflow History

1
Units

Status: **Closed**
Edit Reason:*

- Incorrect Units/Cost of Serv
- Change in Authorization
- Incorrect Units/Cost of Service**
- Other

Supported Living Site: 919 Nina Radial South Chadrickville MD 20313

Cancel **Save**

CLAIM DETAILS

Claim Type: **Original** Claim Status: **Paid**
Procedure Code: **W5620**

Net:	Billed:\$410.53	Paid:\$410.53	Units:1
Total:	Billed:\$410.53	Paid:\$410.53	Units:1

Claim Creation Date: **09/24/2020**
Claim ICN: **2RBLSYFPTG2OV03WRA60**
RA NO: **YG8278**
RA Date: **09/24/2020**

Claim Details

Activity

1
Units

Status:

Submit Services



Void Activity

CLAIM DETAILS

Claim Type: **Adjustment** Claim Status: **N/A**
Procedure Code: **N/A**

Net:	Billed:--	Paid:--	Units:--
Total:	Billed:--	Paid:--	Units:--

Cost To Care:
Claim Creation Date: --
Claim ICN: --
RA NO: --
RA Date: --

Activity Comments Workflow History

1
Units

Status: **Closed** Supported Living Site: **919 Nina Radial South Chadrickville MD 20313**

Void Activity Cancel Edit

CLAIM DETAILS

Claim Type: **Original** Claim Status: **Paid**
Procedure Code: **W5620**

Net:	Billed:\$410.53	Paid:\$410.53	Units:1
Total:	Billed:\$410.53	Paid:\$410.53	Units:1

Claim Creation Date: **09/24/2020**
Claim ICN: **2RBLSYFPTG2OV03WRA60**
RA NO: **YG8278**
RA Date: **09/24/2020**

Claim Details

Activity

1
Units

Status:



Void a Service

CLAIM DETAILS

Activity | Comments | Workflow History

Activity is being processed by MDH

Claim Type: **Void** Claim Status: **N/A**

Procedure Code: **N/A**

Net:	Billed:--	Paid:--	Units:--
Total:	Billed:--	Paid:--	Units:--

Claim Creation Date: --
Claim ICN: --
RA NO: --
RA Date: --

Supported Living Site: 919 Nina Radial South Chadrickville MD 20313

0
Units

Status: **Recorded**

VOIDED

Edit

CLAIM DETAILS

Activity

Claim Type: **Original** Claim Status: **Paid**

Procedure Code: **W5620**

Net:	Billed:\$410.53	Paid:\$410.53	Units:1
Total:	Billed:\$410.53	Paid:\$410.53	Units:1

Claim Creation Date: **09/24/2020**
Claim ICN: **2RBLSYFPTG2OV03WRA60**
RA NO: **YG8278**
RA Date: **09/24/2020**

Claim Details

Claim paid by Medicaid can be voided to reduce it down to 0 units or costs and cancel previous payment



State Payment



Services Paid For By The State



A service is eligible for DDA State payment in the following four (4) situations. Note: Not all non-waiver services are eligible for DDA State-Funded Payment

- ✓ Person has a DDA State Funded enrollment, either through Court Order Form or through loss of CP waiver eligibility
- ✓ The Service is of a type that is only state funded
- ✓ Person is receiving services through an emergency situation plan (ESP) while awaiting waiver enrollment
- ✓ Services provided to a person by more than one Provider has exceeded the waiver limit, but DDA has determined that the additional services were required by the person



Identifying Services Eligible for State Payment



Provider Portal Home Services Clients

Non-EVV

SERVICE

Service Date From: 05/01/2020 Service Date To: 08/25/2020

Submission Date From: Submission Date To:

Service Type: 54 selected

Service Status: All selected (12)

Exception Type: All selected (35)

CLIENT

Client Name: Training-Rempel, Julie ID # 3009550UJ617121 MA # 34333438618

Service Date: 05/21/2020	Claim Status: N/A	Claim Type: N/A	Total Billed: --	Total Paid: --	RA NO.:
Service Type: Personal Supports (DDA)	Proc Code: --	Program: DDA State Funded	Claim #: --	Claim ICN: --	
Provider #: 172165100	Provider FEIN: 125748412	Provider Address: 7823 Runolfsson Square Baltimore MD 21286	Provider Name: EVV Test Training Agency 1		

Start Time	End Time	Service Status	Staff Name	Exception Type
12:30 PM	1:00 PM	State Payment Eligible	EVVT Admin11	--

[Details](#)

Look for “State Payment Eligible” or “State Payment Reported” status



State Invoice Process



Follow the below steps for the State Invoice Process:

1. Run the State Payment Report for the previous month
2. Review all information including total amounts and individual service details.
3. Export report to Excel. This creates an invoice (first sheet on the Excel spreadsheet) that can be printed.
4. Print the invoice sign at the bottom
5. Submit the invoice to DDA

DDA will process and remit payment to the provider

REPORTS		
Category	Name	Actions
Claims	Provider Portal Claims Report	View
Claims	Remittance Advice Report	View
DDA - Provider Portal	DDA State Payment Report	View
DDA - Provider Portal	DDA Services Rendered Report	View
DDA - Provider Portal	Authorized Clients Report	View
DDA - Provider Portal	DDA Authorized Services Report	View
EVV - Provider Portal	EVV Services Overlap Report	View
EVV - Provider Portal	EVV Services Rendered Report	View



State Payment Report



Reporting Year: 2020
Reporting Month: July
Agency: Preethi Test Agency - 548751249
View Report

Email to submit ALL State Payment Invoices:

accounts_payable.dda@maryland.gov

Date Created: 8/26/2020 11:32:24 PM

Note: Please Export as Excel to print the Invoice.

Invoice Number: DDASF2009-0003
Invoice Date: 08/26/2020
Fiscal Year: 2020
Reporting Period: September 2019
Provider Agency Name:
FEIN:
Address:
Phone:
Service: DDA State Funded

Category	FY 2020	FY 2019	FY 2018
Original	\$4894.70	N/A	N/A
Adjustments	N/A	N/A	N/A
Recoveries	N/A	N/A	N/A
Total Invoice Amount	\$4894.70	N/A	N/A

Bill to Address:

MDH/DDA
201 W. Preston St. 4th Floor
Baltimore, MD 21201



Reports



Reports



Provider Claims > Claims submitted to MMIS, PAID or REJECTED and follow up if required.

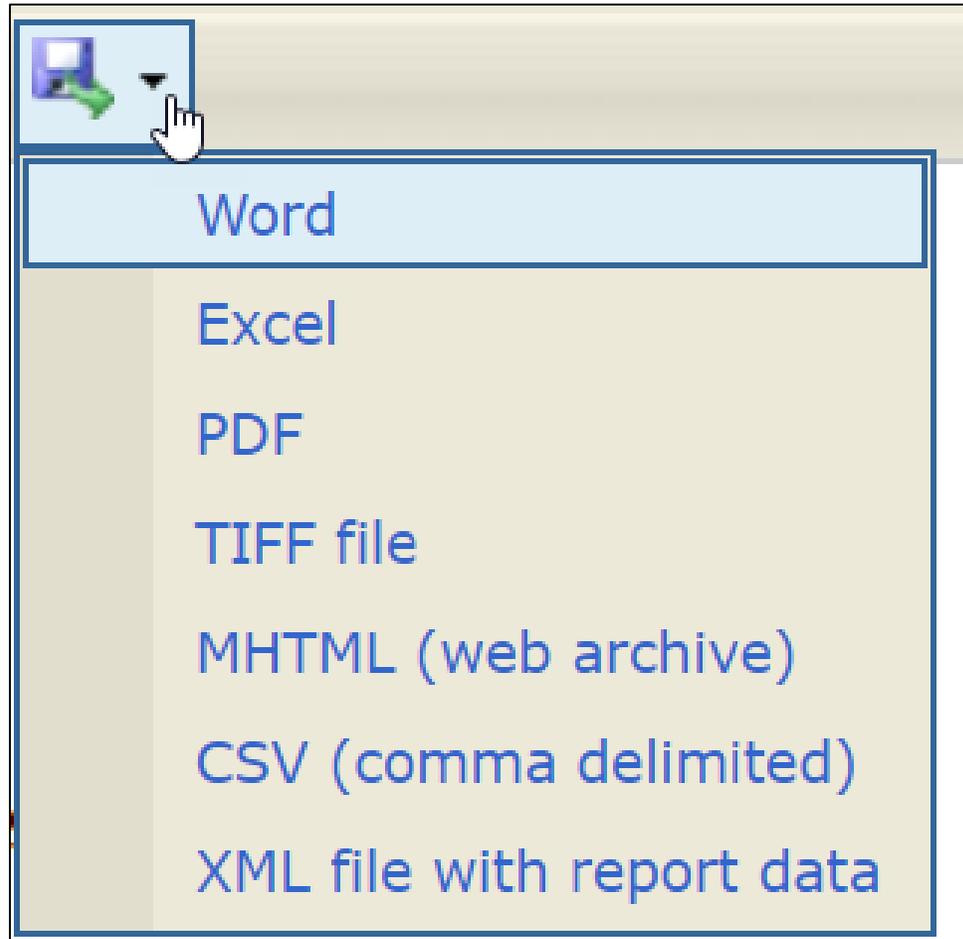
Remittance Advice > Total Paid or Rejected amounts for Claims submitted for services performed so that the Providers can reconcile their billing with the payments received.

DDA Authorized Services Report > Compares service authorization for a given period against the services billed for that period.

DDA Services Rendered Report > Oversight of the implementation of services rendered by Providers. Includes services rendered by Provider agency locations that are Waiver services (CPW, CSW, and FSW) as well as DDA State Funded Services.



Download Report Data



Provider Portal Claims Report

Service Date From (mm/dd/yyyy)*	<input type="text" value="3/10/2019 12:00:00 AM"/> <input type="checkbox"/> NULL	Service Date To (mm/dd/yyyy)*	<input type="text" value="3/10/2020 12:00:00 AM"/> <input type="checkbox"/> NULL	<input type="button" value="View Report"/>
Submission Date From (mm/dd/yyyy)*	<input type="text"/> <input checked="" type="checkbox"/> NULL	Submission Date To (mm/dd/yyyy)*	<input type="text"/> <input checked="" type="checkbox"/> NULL	
Agency Name/FEIN	<input type="text" value="Preethi Test Agency"/>	Provider Locations*	<input type="text" value="2323 Test Street - 571361802, 23"/> ▼	
Program Type*	<input type="text" value="CFC, CO, CP, CPAS, CS, FS, ICS"/> ▼	Service*	<input type="text" value="Assistive Technology and Services"/> ▼	
Claim Status*	<input type="text" value="Submitted to MMIS, Paid, Rejected"/> ▼	Client SSN#	<input type="text" value="Not Available for Input"/>	
Client ID/MA#	<input type="text"/>	Client Name	<input type="text"/>	
Client Region*	<input type="text" value="Not available for input"/> ▼			

View all claims submitted to MMIS, Paid or Rejected



Provider Portal Claims Report

Provider Portal Claims Report

Search Criteria

Submission Date From : 01/24/2019
Submission Date To : 11/24/2019
Service Date From :
Service Date To :
Program Type : CP, CS, FS
Service : 140 Service(s) were selected in the input, click + to see all
Agency Name/FEIN : DDA Community Provider1
Location : Test Street 1 -
Client ID/MA# :
Client SSN# : Not Available for Input
Client Name :
Client Region : Not available for input
Claim Status : Submitted to MMIS, Paid, Rejected, Not Submitted to MMIS
Report Date : 11/25/2019
Total Records: 6

Service Date	Client ID	Client MA#	Client Name	Provider #	Provider Name	Service	Program	Claim Submission Date	Claim ICN
08/21/2019	3249907EL470121	12748163208	Feil, Lexie		APPALACHIAN PARENT ASSOC, INC (test)	W2142 Personal Supports - Enhanced	CP	11/04/2019	
10/03/2019	1369497RT008110	12883357047	Paucek, Trey		APPALACHIAN PARENT ASSOC, INC (test)	W2142 Personal Supports - Enhanced	CP	11/04/2019	I9SQ7SWMAZ9PYAT7Y1R1

Claim Type	Claim Status	Net Paid Amount	Net Billed Amount	Net Units	Total Paid Amount	Total Billed Amount	Total Units	Claim Denial Reason
Original	Submitted to MMIS	\$0.00	\$13.10	2		\$13.10	2	
Original	Paid	\$6.55	\$6.55	1	\$6.55	\$6.55	1	



Remittance Advice Report

Filter By*	<Select a Value> ▼	RA No	<input type="text"/>	View Report
RA Year*	<input type="text"/>	RA Date*	<input type="text"/>	
Service Date From (mm/dd/yyyy)*	<input type="text"/> <input type="checkbox"/> NULL	Service Date To (mm/dd/yyyy)*	<input type="text"/> <input type="checkbox"/> NULL	
Agency Name/FEIN	Preethi Test Agency	Provider Locations*	Preethi Test Agency - Licensed DD ▼	
Service Category*	DDA Services ▼	Service*	Assistive Technology and Services ▼	
Claim Status*	Paid, Rejected ▼	Client ID/MA#	<input type="text"/>	
Client Name	<input type="text"/>	Client SSN	Not available for input	
Report Output*	<Select a Value> ▼ <Select a Value> Summary Report Detail Report			



View the total Paid or Rejected amounts for Claims that have been submitted for services performed. Providers can reconcile their billing with the payments received.



Remittance Advice Summary Report

Remittance Advice Summary Report

Search Criteria:

Filter By: Service Dates

RA No:

RA Year: N/A

RA Date: N/A

Service Date From: 1/24/2019

Service Date To: 10/31/2019

Agency Name/FEIN: Preethi Test Agency

Provider Locations: Preethi Test Agency - Licensed DDA Vocational Services - 2 - 571361802; Preethi Test Agency - Licensed DDA Day Habilitation Services (CSR Compliant) - 1 - 571361811; Preethi Test Agency - Licensed DDA Day Habilitation Services (CSR Compliant) - 2 - 571361812; Preethi Test Agency - Licensed DDA Community Living Services (CSR Compliant Site) - 1 - 571361813; Preethi Test Agency - Licensed DDA Community Residential Enhanced Support Services - 1 - 571361805; Preethi Test Agency - Licensed DDA Community Residential Services - 2 - 571361808; Preethi Test Agency - Licensed DDA Day Habilitation Services - 2 - 571361810; Preethi Test Agency - Licensed DDA Day Habilitation Services - 1 - 571361809; Preethi Test Agency - 571361800; Preethi Test Agency - Licensed DDA Community Living Services (CSR Compliant Site) - 2 - 571361814; Preethi Test Agency - Licensed DDA Vocational Services - 1 - 571361801; Preethi Test Agency - Licensed DDA Community Residential Services - 1 - 571361807; Preethi Test Agency - Licensed DDA Vocational Services (CSR Complaint) - 2 - 571361804; Preethi Test Agency - Licensed DDA Vocational Services (CSR Complaint) - 1 - 571361803; Preethi Test Agency - Licensed DDA Community Residential Enhanced Support Services - 2 - 571361806

Service Category: DDA Services

Service: 97 Services were selected in the input, click + to see all

Claim Status: Paid; Rejected

Client ID/MA#:

Client Name:

Client SSN#: Not available for input

Report Output: Summary Report

Total Records: 1

RA No	RA Date	Provider #	Provider FEIN	Provider Name	Paid Amount	Rejected Amount
KU2FVE	11/20/2019	571361800	548751249	Preethi Test Agency	\$256.80	\$0.00



Remittance Advice Detail Report

Remittance Advice Detail Report

Search Criteria:

Filter By: Service Dates

RA No:

RA Year: N/A

RA Date: N/A

Service Date From: 1/24/2019

Service Date To: 10/31/2019

Agency Name/FEIN: Preethi Test Agency

Provider Locations: Preethi Test Agency - Licensed DDA Vocational Services - 2 - 571361802; Preethi Test Agency - Licensed DDA Day Habilitation Services (CSR Compliant) - 1 - 571361811; Preethi Test Agency - Licensed DDA Day Habilitation Services (CSR Compliant) - 2 - 571361812; Preethi Test Agency - Licensed DDA Community Living Services (CSR Compliant Site) - 1 - 571361813; Preethi Test Agency - Licensed DDA Community Residential Enhanced Support Services - 1 - 571361805; Preethi Test Agency - Licensed DDA Community Residential Services - 2 - 571361808; Preethi Test Agency - Licensed DDA Day Habilitation Services - 2 - 571361810; Preethi Test Agency - Licensed DDA Day Habilitation Services - 1 - 571361809; Preethi Test Agency - 571361800; Preethi Test Agency - Licensed DDA Community Living Services (CSR Compliant Site) - 2 - 571361814; Preethi Test Agency - Licensed DDA Vocational Services - 1 - 571361801; Preethi Test Agency - Licensed DDA Community Residential Services - 1 - 571361807; Preethi Test Agency - Licensed DDA Vocational Services (CSR Compliant) - 2 - 571361804; Preethi Test Agency - Licensed DDA Vocational Services (CSR Compliant) - 1 - 571361803; Preethi Test Agency - Licensed DDA Community Residential Enhanced Support Services - 2 - 571361806

Service Category: DDA Services

Service: 97 Services were selected in the input, click + to see all

Claim Status: Paid; Rejected

Client ID/MA#:

Client Name:

Client SSN#: Not available for input

Report Output: Detail Report

Total Records: 2

Service Date	Client Id	Client MA#	Client Name	Provider #	Provider Name
09/02/2019	3009543EK137121	83501608684	Training-Kiehn_Kelsie	571361800	Preethi Test Agency
09/02/2019	3009538SI707121	64323162148	Training-Absshire_Isidro	571361800	Preethi Test Agency

Page 1 of 1

Service	Program	RA NO	RA Date	Claim Submission Date	Claim ICN	Claim Type
Personal Supports - W5810	CP	KU2FVE	11/20/2019	11/20/2019	9OZUJ36BTBB0XBCPWML6	Original
Personal Supports - W5810	CP	KU2FVE	11/20/2019	11/20/2019	Q85IILSOHLFSHF6LX3NQ	Original

Claim Status	Net Paid Amount	Net Billed Amount	Net Units	Total Paid Amount	Total Billed Amount	Total Units	Claim Denial Reason
Paid	\$128.40	\$128.40	20	\$128.40	\$128.40	20	
Paid	\$128.40	\$128.40	20	\$128.40	\$128.40	20	



DDA Authorized Services Report

Service Plan Authorization Period*	Monthly ▼	Service Plan Year*	2020 ▼	View Report
Service Plan Month*	March ▼	Service Plan Program Type*	CP, CS, DDA State Funded, FS ▼	
Agency Name/FEIN	Preethi Test Agency	Provider Locations*	2323 Test Street - 571361800, 232: ▼	
Service Plan Service*	BSS - Behavioral Consultation, BSS ▼	Client ID/MA#		
Client SSN#	Not available for input	Client Name		
Client Region*	Not available for input ▼			

Providers can identify current and past active service authorizations for DDA Clients for EVV and Non-EVV services, to view the authorized units and the billed or entered units by the Providers so that they can identify the performance of their Staff.



DDA Authorized Services Report

DDA Monthly Authorized Services Summary Report

Search Criteria:

Service Plan Authorization Period: Monthly
Service Plan Year: 2019
Service Plan Month: January, February, March, April, May, June, July, August, September, October, November, December
Service Plan Program Type: CP, CS, DDA State Funded, FS
Agency Name/FEIN: Preethi Test Agency
Provider Locations: 2323 Test Street - 571361800
Service: [45 Services were selected in the input, click + to see all](#)
Client Name:
Client ID / MA #:
Client SSN #: Not available for input
Client Region: Not available for input
Total Records: 228

Client ID	Client Name	Client MA #	Agency Name	Provider Location Name	Provider Location Number	Service Plan Program
3009514EM057121	Training-Fisher, Merritt	76731330635	Preethi Test Agency	Preethi Test Agency	571361800	CP
3009514EM057121	Training-Fisher, Merritt	76731330635	Preethi Test Agency	Preethi Test Agency	571361800	CP

Authorized Units	Billed		Entered		
	Services Units	Balance (Authorized - Services Entered)	Services Units/Cost	Balance (Authorized - Services Entered)	Count of Services with Exceptions
1	0	1	0	1	0
45	0	45	0	45	0



DDA Authorized Services Report

Output: DDA Authorized Services Detail Report

DDA Authorized Services Detail Report							
Total Records: 5							
Client ID	Client Name	Provider Location Number	Service Date	Service Type	Service Status	Unit Type	Service Activity Units/ Cost
3009514EM057 121	Merritt, Training- Fisher	571361800	10/08/2019	Employment Services - On-going Job Supports	Closed	Hour	5 Unit(s)
			10/10/2019	Employment Services - On-going Job Supports	Closed	Hour	5 Unit(s)
			10/15/2019	Employment Services - On-going Job Supports	Closed	Hour	5 Unit(s)
			10/17/2019	Employment Services - On-going Job Supports	Closed	Hour	5 Unit(s)
			10/22/2019	Employment Services - On-going Job Supports	Closed	Hour	5 Unit(s)

Claim Level								State Payment
Billed Units	Billed Amount	Claim Type	Claim Status	Total Paid	Claim ICN	RA Date	RA No	Month
5	\$292.15	Original	SubmittedToMmis					
5	\$292.15	Original	SubmittedToMmis					
5	\$292.15	Original	SubmittedToMmis					
5	\$292.15	Original	SubmittedToMmis					
5	\$292.15	Original	SubmittedToMmis					

Exception Type



DDA Services Rendered Report

Service Date From (mm/dd/yyyy)*	<input type="text" value="3/10/2020 12:00:00 AM"/>	Service Date To (mm/dd/yyyy)*	<input type="text" value="3/10/2020 12:00:00 AM"/>	<input type="button" value="View Report"/>
Agency Name/FEIN	<input type="text" value="Preethi Test Agency"/>	Provider Locations*	<input type="text" value="2323 Test Street - 571361800, 23"/>	
Service Program Type*	<input type="text" value="Unknown, CP, CS, FS, DDA State F"/>	Service*	<input type="text" value="Assistive Technology and Services"/>	
Exception Type*	<input type="text" value="No Pending reason, Activity has ex"/>	Client ID/MA#	<input type="text"/>	
Client SSN#	<input type="text" value="Not available for input"/>	Client Name	<input type="text"/>	
Service Activity Status*	<input type="text" value="Closed, MDH In Progress, MDH Re"/>	Client Region*	<input type="text" value="Not available for input"/>	

Run reports specific to the DDA services, to enable oversight of the implementation of the services rendered by Providers.



DDA Services Rendered Report

DDA Services Rendered Report

Search Criteria:

Service Date From: 03/10/2019
Service Date To: 01/10/2020
Agency Name/FEIN: Preethi Test Agency
Provider Locations: 2323 Test Street - 571361800; 2323 Test Street - 571361801; 2323 Test Street - 571361802; 2323 Test Street - 571361803; 2323 Test Street - 571361804; 2323 Test Street - 571361805; 2323 Test Street - 571361806; 2323 Test Street - 571361807; 2323 Test Street - 571361808; 2323 Test Street - 571361809; 2323 Test Street - 571361810; 2323 Test Street - 571361811; 2323 Test Street - 571361812; 2323 Test Street - 571361813; 2323 Test Street - 571361814
Service Program Type: Unknown; CP; CS; FS; DDA State Funded
Service: [61 Services were selected in the input, click + to see all](#)
Exception Type: [29 Exception Types were selected in the input, click + to see all](#)
Client ID/MA#:
Client SSN#: Not available for input
Client Name:
Service Activity Status: Closed; MDH In Progress; MDH Reviewed; Needs Authorization; New; Not Authorized; Pending; Pending MDH; Pending Provider; Provider In Progress; Ready; Recorded
Client Region: Not available for input
Total Records: 277

Service Date	Agency Name	Provider Name	Provider Number	Client Name	Client ID	Client MA #	Program	Service	Service Status	Unit Type	Units/Cost/Service Duration	Exception Type	Reason for Manual Entry	Service Activity Comments
04/20/2019	Preethi Test Agency	Preethi Test Agency	2323 Test Street - 571361800	K, T	3009543EK137121			Personal Supports (DDA)	Pending Provider	15 minute increment	08:00 AM - 01:00 PM		<i>For Clock-In/Clock-Out:</i>	
06/01/2019	Preethi Test Agency	Preethi Test Agency	2323 Test Street - 571361800	Training-Williamson, Johan	3009557OJ777121	51807315775 CP		Supported Living	Closed	Day	1 Units			
06/02/2019	Preethi Test Agency	Preethi Test Agency	2323 Test Street - 571361800	Training-Williamson, Johan	3009557OJ777121	51807315775 CP		Supported Living	Closed	Day	1 Units			

